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Bib Data Sheet

CONFIRMATION NO. 3794

<b>SERIAL NUMBER</b> 10/072,039	<b>FILING DATE</b> 02/05/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> P02,0018	
<b>APPLICANTS</b> Oliver Schreck, Bamberg, GERMANY; <b>** CONTINUING DATA *****</b> B.R. <b>** FOREIGN APPLICATIONS *****</b> B.R. GERMANY 10105387.8 02/06/2001 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/08/2002</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>kg B.R.</u> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26574					
<b>TITLE</b> Method and apparatus for functional magnetic resonance imaging					
<b>FILING FEE RECEIVED</b> 740	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		